

## An Evaluation of the *est* Experience by a National Sample of Graduates<sup>1</sup>

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**Abstract.** Secondary examination of data collected in 1973 in an *est*-initiated survey of a probability sample of 2,000 graduates selected from a population of 12,000. Data concerning graduates overall assessments of the *est* experience, retrospective ratings of satisfaction, emotional problems, changes in life, and other categories of response, are presented. The study concludes that graduates are strongly favorable in their reports of benefit in a wide variety of life conditions. These benefits do not appear to diminish over time. Specific suggestions for further studies are presented.

### *Introduction*

Beginning with the advent of sensitivity training in the late 1940s, what has loosely been called the Human Potential Movement has — in its many, diverse forms — become an established feature of contemporary American life. During the past three decades, millions of Americans have participated in encounter groups, Transcendental Meditation, Yoga, Silva Mind Control, Rolfing, T'ai Chi, Primal Therapy, Arica, Psychosynthesis, and countless other programs (20, 27, 29, 33).

In more recent years, increased public attention has been given to the Erhard Seminars Training (*est*), which more than 90,000 people have partici-

<sup>1</sup> Portions of this material were presented in a panel discussion 'Psychiatry and Large Scale Awareness Training Groups' at the 1976 annual meeting of the American Psychiatric Association on May 13, 1976, in Miami Beach, Fla.

pated in since it was begun in 1971. The standard training is typically conducted over the course of two consecutive weekends, taking approximately 60 h altogether. Between 200 and 250 persons participate in a typical training, led by a trainer and assisted by a team of graduate-volunteers. Trainings are typically conducted in hotel ballrooms or school lecture halls.

As the popularity of *est* has grown, so has mass media interest in it. By now, hundreds of magazine and newspaper articles, books, and radio and television features have examined the *est* experience. Some of the accounts have been basically favorable to *est* (9, 11, 32), and others have been basically unfavorable (8, 16).

While *est* graduates are frequently criticized for being overzealous in recounting their experiences of the training (and of life afterward); negative accounts of the *est* training have not been lacking. Given the anecdotal nature of the mass media data on *est*, it has been difficult to determine the relative balance of graduate-attitudes regarding the 60-hour experience.

The lack of reliable data describing the *est* experience has been of special concern to psychiatrists, psychologists, and psychotherapists. Many reports on the techniques employed in the training, as well as the benefits reported by graduates, suggest to some that the *est* training addresses many of the same problems and issues addressed by psychotherapy. Despite the fact that the *est* organization warns prospective trainees that the training is not therapy and should not be taken by those in need of therapy, some therapists wonder if the *est* training presents a danger to those in need of therapy.

The purpose of this report is to provide representative empirical data regarding *est* graduates and their experience of the *est* training. In addition, we will discuss some of the methodological problems involved in the assessment of such experiences and present special analyses relevant to those problems.

Let's look briefly at some of the characteristics of the people who have taken the *est* training. Following that short graduate profile, we'll turn to an examination of their experiences of the training.

### *A Brief Profile of Graduates*

Data gathered by the *est* organization itself provide a certain amount of information about who has taken the training. As of July, 1976, there were a total of 85,731 graduates. Of these, 54% were women, and the medium age of all graduates, as of 1976, was around 33 years of age.

In addition to these basic data, *est* maintains records of graduates in selected occupations. While these records are probably incomplete, they show 15% of the graduates in the field of education, 3% in the health professions, 4% in the media, and 182 (about 0.2%) among the clergy.

It is tempting to make inferences about 'self-selection' into the training by comparing this profile of graduates with the larger population from which they were drawn. Unfortunately, it would be extremely difficult to determine the population to compare the graduates with. In the case of age, for example, the standard training is limited to those 13 and older, although special trainings have been done for those aged 6–12. (As of July, 1976, 2,716 children had been trained in the special trainings.) An analysis of graduate-age over time, however, presents a clear trend toward younger graduates.

Geographical factors further complicate inferences about self-selection. The training is offered in only selected cities, so it is not readily available to the national population. Yet many people travel to another city to take the training, so we can't simply compare graduates with the populations of those cities in which the training is offered.

### *The Study Design*

The analyses that follow represent a secondary examination of data collected in a November, 1973, survey initiated by *est* to provide an exploratory determination of whether graduates experienced any harmful changes following the training, and whether there was enough change reported to merit further studies.

The original study was designed and conducted by an independent team of (non-*est*) researchers.<sup>2</sup> For purposes of the original study, a probability sample of 2,000 graduates was selected from among the 12,000 who had been out of the training for at least 3 months at the time of the survey. A lengthy (680 items) self-administered questionnaire was mailed to the sample. The 1,204 respondents to be analyzed represent a 64% return rate, based on the 1,895 persons who were reachable by mail. Three independent tests of nonresponse bias suggest that the responses of the 1,204 participating graduates provide a representative picture of the 2,000 originally selected and, by extension, of *est* graduates more generally as of late 1973.<sup>3</sup>

<sup>2</sup> The primary results of their study have been reported separately and further information about the report can be obtained from the *est* foundation.

<sup>3</sup> The possibility of nonresponse bias was tested on the basis of three different groups of 'nonrespondents': (a) a short questionnaire was sent to those who failed to return the primary questionnaire, and 153 of those responded; (b) a subsample of 60 nonrespondents were chosen for telephone interviews, and 54 of these were interviewed, and (c) subsequent to the cutoff point for the processing of primary questionnaires, another 54 were received.

Each of these 'nonrespondent' groups was compared with the 1,204 respondents who are the basis for the analyses in this paper. Despite minor variations, nothing in those comparisons suggests that nonresponse constitutes an important source of bias in the study.

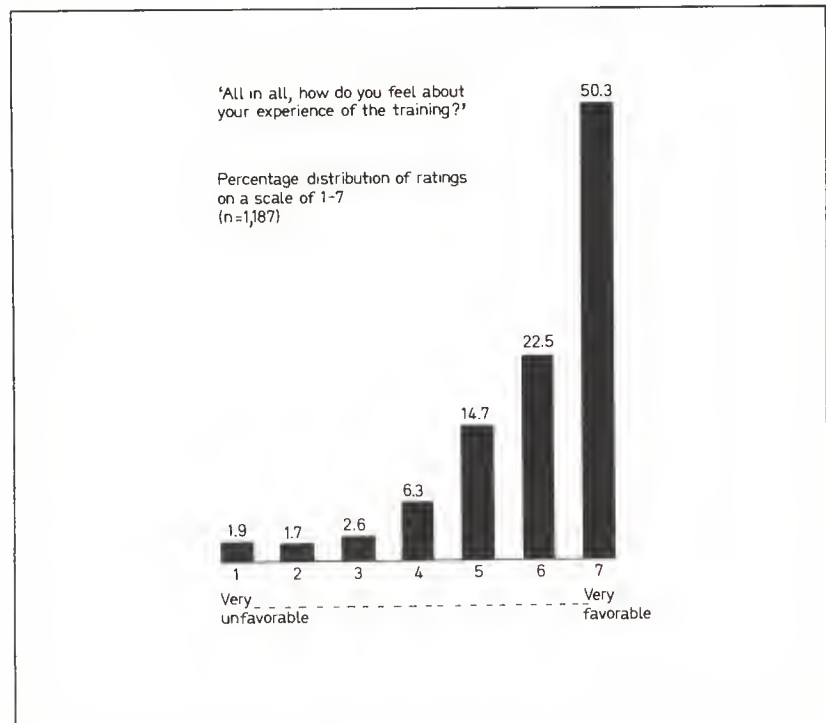


Fig. 1. Graduates' overall assessments of the *est* experience.

### *An Overview of Reports*

While the original study was not designed for the purpose of documenting the possible benefits of the *est* training, a few of the 680 items in the questionnaire offer an indication of the respondents' personal assessments of that matter. The most general evaluation of the training was provided by an item asking graduates to assess their general experience of the training on a scale from 1 (very unfavorable) to 7 (very favorable).

The overall distribution of responses is presented in figure 1. The mean response was 5.99, and half the respondents gave the training a 7, the highest possible score. If a rating of 4 can be taken as representing a neutral position regarding the training, nearly 9 out of 10 gave a favorable assessment, while 1 in 16 was unfavorable.

Other items in the questionnaire lend a greater degree of specificity to this overall endorsement. For example, respondents were asked to rate, retrospec-

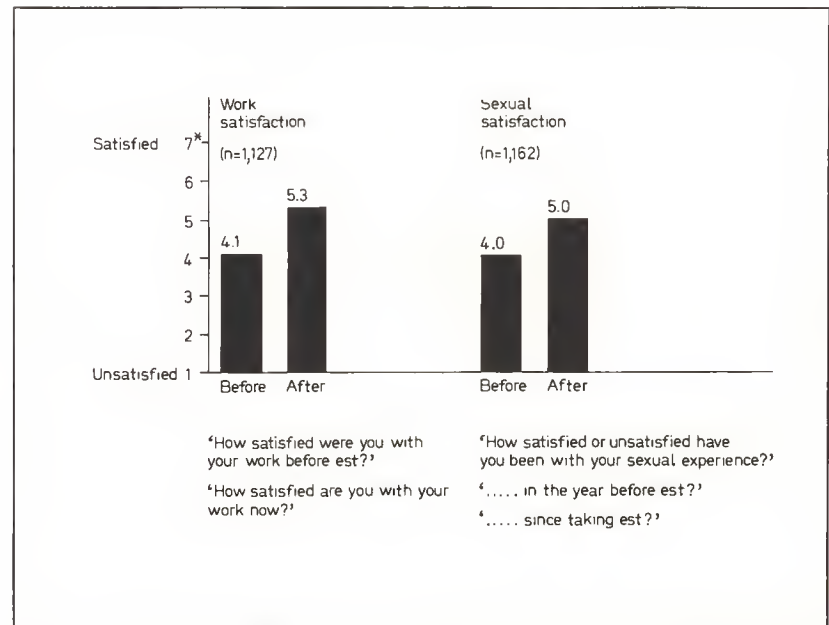


Fig. 2. Retrospective ratings of satisfaction before and after the *est* training. \* = In the question concerning work satisfaction, a rating of '1' indicated satisfaction. We have standardized the rating scheme here for clarity of presentation. Ratings are mean scores.

tively, their levels of satisfaction in work and sex during the year prior to taking the *est* training. As figure 2 shows, the mean rating for each was at or near the scale midpoint of 4. Respondents were also asked to rate their levels of satisfaction since taking the training. In both cases, the mean level of satisfaction reported was higher than was reported for the year prior to the training.

As a further specification of respondents' general endorsement of the training, figure 3 presents their reports of pre- and post-*est* levels of irritation, anxiety/tension, and depression. The overall reports point to reductions in each subsequent to the training.

Of the 1,204 graduates surveyed, 28 reported having had a 'nervous breakdown' during the year prior to taking the *est* training. Six of these said they had been hospitalized.

Ten respondents reported having had nervous breakdowns since the training, three of whom reported having one before the training, and seven who had one afterward only. Of the 10, three reported being hospitalized. One of the three graduates hospitalized for a nervous breakdown after the training had been hospitalized during the year before it, one had not, and the third didn't say.

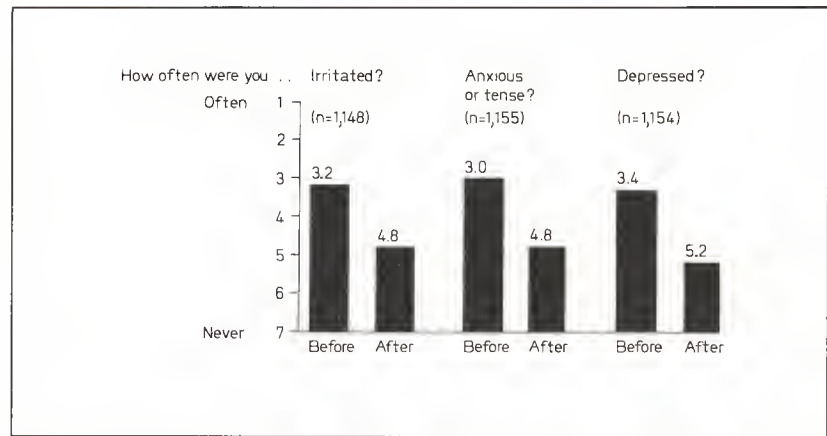


Fig. 3. Retrospective ratings of emotional problems before and after the *est* training. Before = In the year before *est*; after = since taking *est*. Ratings are mean scores.

If we were to overlook graduates' previous histories of nervous breakdowns, the number of casualties possibly attributable to the training is either 10 (total breakdowns reported since the training) or 3 (hospitalizations) — providing casualty rates of 0.8 or 0.2%, respectively. If we consider the 'afteronly' cases, the rates are 0.6 and 0.08%, respectively.

It is interesting to note how these particular graduates assess the state of their mental health since the training. Of the 35 who reported a nervous breakdown either before or after the training — with or without hospitalization — none said their mental health was worse since the training. Indeed, 87% of the 30 who gave an assessment said that it had gotten better, with the remainder saying it was unchanged. Even among the seven who reported a nervous breakdown since the training but none during the year before, five said their mental health was better since the training, one said it was unchanged, and one didn't answer. These varied results require more analysis than can be presented here.

Another battery of questions — appearing late in the questionnaire — provides more direct measure of the changes graduates report took place following the training. Presented with a series of life conditions that might be affected by the training, they were asked to indicate whether each had gotten worse, remained unchanged, or gotten better subsequent to the training. (The choices were purposely arranged in this order to avoid inadvertently encouraging positive responses.)

Table I presents the answers graduates gave to this battery of items. The overall response pattern is clear: the majority in each instance say things got



Table I. Reports of changes in different aspects of life since taking the *est* training

	What happened after the training?			n
	worse %	unchanged %	better %	
Relationships with family and friends	3	12	85	1,032
Productivity in job or schoolwork	4	24	72	868
Sexual relationships	7	36	57	839
Finding more meaning in life	3	17	80	1,053
Improved mental health	3	14	83	995

better. Only a small minority report any of the conditions getting worse. The greatest improvement is reported in relationships with family and friends (85%), followed closely by improved mental health (83%), and finding more meaning in life (80%). The least improvement is reported in connection with sexual relationships, though a majority of the respondents say their sexual relationships got better after the training.<sup>4</sup>

<sup>4</sup> It should be noted that the items presented in table I elicited substantial nonresponses. In the most extreme case, 30% of the total sample failed to indicate whether their sexual relationships had changed and how.

The reason for this relatively high nonresponse rate appears to be a function of the question format. As we shall see shortly, the questions asking whether changes had occurred were preceded by questions asking whether changes were expected. It seems likely that many who reported no expectations assumed that they were not supposed to answer the subsequent questions, and an analysis of the nonrespondents confirms this — the vast majority said they expected no changes.

This complication raises a question as to whether the pattern of responses on whether things got worse, remained unchanged, or got better is representative of all respondents. Based disproportionately on those who expected benefits, the responses are conceivable rosier than would have been found if all respondents answered the questions. Three tests of this possibility suggest it is not the case.

First, we'll see in table III that expectations of benefit are unrelated to reports of getting the benefits.

Second, the nonrespondents on each item give *est* essentially the same positive, general rating (recall fig. 1) as those who answered.

Finally, in the case of sexual relationships, we can construct an independent measure of changes reported by using the sexual satisfaction items reported in figure 2. Comparing the 'before' and 'after' responses of the 1,163 people who answered both of the sexual satisfaction items, we find that 10% report lower satisfaction after *est*, 38% report the same levels of satisfaction before and after, and the remaining 52% report higher levels after *est*. This corresponds roughly to the figures of 7, 36 and 57% given by the 839 respondents who answered the question reported in table I.

These, then, are the overall evaluations *est* graduates give in regard to the training. Asked to report their general experiences of the training and asked to assess more specific changes they've observed since the training, they are overwhelmingly positive.

Based on a substantial, national sample of *est* graduates, the data presented so far should resolve the problem presented by scattered, anecdotal reports from a few self-selected graduates, as reported in the mass media accounts of *est*. A number of other issues remain to be addressed, however. What do reports like these mean? Can they be taken at face value, or are there other explanations that mitigate the enthusiastic endorsement the graduates appear to be giving the training?

### *Raising Some Methodological Issues*

As noted earlier, the research project that produced the data being analyzed in this report did not have the purpose of evaluating the success of the *est* training. As a result, it lacked the design features needed for a definitive evaluation. There were no control groups against which to compare those who took the training, nor was there a pre-test to establish a baseline of attitudes and conditions against which to measure changes subsequent to the training.

This is not to suggest that a definitive test could have been achieved even if that had been the purpose of the original study. This is suggested by the enormity of the literature debating the effectiveness of psychotherapy, much of it dealing with issues raised by *Eysenck* (12, 13), *Bergin et al.* (2–6), and others (15, 17, 21, 22, 24, 25, 30, 34). There is clearly no consensus on whether psychotherapy is effective or even on how to measure its effectiveness.

With the advent of sensitivity training, encounter, and programs such as *est*, all these methodological issues have been reviewed once more. The greatest controversy appears to have raged around the effectiveness of encounter groups (10, 18, 19, 26, 31).

It is not the purpose of this paper to review all the methodological issues raised in this context, nor can we hope to resolve them. Nonetheless, we will turn now to an examination of methodological issues particularly relevant to the present set of data, presenting some analyses that may shed light on those general issues, and place the *est* data in perspective.

### *Subjective Reports*

All the data we've examined so far represent the subjective assessments of the graduate-respondents themselves. Thus, although a majority report that their sexual relationships have improved, for example, we lack confirmation of this



from either their sexual partners or from independent, clinical observers. This issue is more complex than it might appear, however.

First, most of the changes respondents report in the data we've examined do not lend themselves to objective measurement. What is a 'good' sexual relationship, for example? One person's satisfying and fulfilling relationship is another's perversion — or disappointment. It is difficult to imagine a universally acceptable measure of satisfactory or improved sexual relations.

Second, some of the questions asked of respondents in the study address matters that are subjective by definition. Asked to rate their experience of the training, the respondents are the only ones who can answer this. In a more general context, *Nichols* (28) has argued for the validity of personal satisfaction as a measure of therapeutic success.

To further complicate the matter in the present data, the officially stated purpose of the *est* training is to transform the trainee's ability to experience. To the extent that the training would address the trainee's sexual relationships, then, it would focus on his or her experience of that relationship. It is important to realize, therefore, that the present data represent changes in feelings rather than changes in behavior.

### *Retrospective Reports*

In place of before and after measures of attitudes, the data at hand hinge on respondents' retrospective assessments of how things have changed. To tell us whether relationships have improved, for example, the respondent must recall the quality of those relationships before the training and then compare them with the quality of current relationships. Since memories are not always trustworthy guides to the past, this is a dangerous technique in survey research. Are the improvements reported by graduates a matter of faulty recall then?

Like the matter of subjective reports, the issue of retrospective reports is also more complex than it may appear. Although the notion of 'improvement' implies a comparison of past and present conditions, improvement itself is a present time experience. The experience of improvement occurs now, and given the subjective nature of the improvements reported it would be difficult at best to measure them in a before/after format.

Suppose, for example, that prior to the *est* training, people were asked to rate their satisfaction with their relationships on a scale of 1–7. Then, after taking the training, they were asked to make new ratings, reflecting their current experience. Comparing the two ratings would not necessarily yield a valid measure of change, since there is no absolute standard against which they could evaluate their satisfaction level at either time. There is every reason to believe that their subjective standards on such matters would change over time — with

or without experiences such as *est* — and we could not assume that a rating of 3 in the first assessment would have the same meaning as a rating of 3 in the second.

This dilemma notwithstanding, it should be borne in mind that the reports of change are all based on retrospection and subject to faulty memory. We'll return to another aspect of this problem in a moment.

### *Socially Approved Answers*

All the respondents in this study participated in the *est* training. In a sense, the questionnaire asked them whether they had made a wise investment of time (about 60 h) and money (currently \$ 300). Moreover, they knew that the study was being conducted with *est*'s approval. There is a possibility, then, that respondents might feel under pressure to pretend they got value from the training — to give the responses that would reflect favorably on them.

The issue of socially approved responses is a persistent problem in survey research, though there is little we can say specifically about how it operates. Moreover, it is seldom possible to test for it.

In the context of the present study, it is relevant to note that respondents were informed that a main purpose of the independent investigators was to determine whether the training produced any harmful effects. The introductory letter accompanying the questionnaire especially encouraged negative reports, saying 'if you dislike or don't care about *est* your assistance is especially valuable to our finding out the truth'. And respondents were assured that their answers would be kept confidential.

Despite these and other design features aimed at encouraging negative reports, there is ultimately no way of determining the extent to which respondents may have brightened their reports in order to appear in a favorable light. We can only note that the researchers took special precautions to guard against it.

### *Expectations and Results*

The last two issues considered converge on another problem in interpreting the reports. To what extent are the resounding reports of benefits gained from *est* the result of self-delusion or a self-fulfilling prophecy? Isn't it possible that people take the *est* training expecting to have their lives radically transformed and improved — only to find exactly what they expected because they expected it?

The data at hand offer a test of this possibility. Prior to asking respondents what changes took place in their lives following the training (reported in table I),

Table II. Graduates' expectations prior to taking the *est* training

'At the time you began the training did you expect it would have any positive effects on any of the following?'	Percent saying 'yes'	n
Relationships with family and friends	80	1,132
Productivity in job or schoolwork	59	1,091
Sexual relationships	50	1,089
Finding more meaning in life	83	1,110
Improved mental health	76	1,096

the questionnaire asked them to report what positive changes, if any, they expected. Table II presents a summary of the percentages who said they expected positive effects in each of the five special areas covered in table I.

It is clear from table II that people enroll in the *est* training with more than a few preconceptions about the effects it is likely to have. Those expecting positive effects were further asked how much they expected of the training and, as we'll see shortly, many respondents expected a great deal. These data suggest the possibility, then, that graduates have merely fulfilled their hopes and expectations — at least in their own minds.

Before testing this possibility, we should note that the previously discussed issues of subjectivity, retrospection, and socially desirable responses all compound the matter. The respondent who entered the *est* training with high expectations and receives little benefit from it will be subject to considerable dissonance. Investments of time, money, and reputation would all be threatened by such an outcome. The failure to get what was expected would be a prime source of real or imagined social disapproval.

Respondents who entered the training with expectations for improvement, then, have a special stake in getting what they expected. The subjective and retrospective nature of the questions asked in this regard provide an easy means to resolving any discrepancies experienced, however. On the one hand, improvements could be consciously or unconsciously exaggerated in order to justify expectations. Or, on the other hand, the expectations themselves could be reduced in retrospect.

All these possibilities suggest the same statistical outcome: we should expect to find a positive relationship between expectations and results reported. Table III presents the data for testing that relationship for each of the five areas of life considered.

Minor variations notwithstanding, there is no consistent pattern to support the view that benefits claimed are merely the product of a self-fulfilling proph-

Table III. Did graduates merely get what they expected?

	Percent reporting that things got 'better' among those who began the training with the following levels of expectations			
	none	a little	some	a lot
Relationships with family and friends	91 (118) <sup>1</sup>	79 (153)	86 (438)	88 (268)
Productivity in job or schoolwork	69 (185)	76 (112)	73 (316)	72 (183)
Sexual relationships	57 (237)	60 (107)	60 (275)	58 (139)
Finding more meaning in life	66 (94)	80 (130)	83 (349)	82 (178)
Improved mental health	76 (266)	79 (105)	87 (221)	84 (127)

<sup>1</sup> The numbers in parentheses indicate the bases upon which percentages have been computed. For example, 118 respondents said they expected no positive effects regarding 'relationships with family and friends' and answered the question regarding whether and how things had changed after the training. Of these, 91% said their relationships had gotten better. The remaining 9% either said things had gotten worse or there had been no change.

ecy. Those who report entering the training with expectations for improvement are no more likely to report things getting better than are those who say they entered with no expectations.

#### *Graduates' Qualifications for Judging Improvements*

An earlier discussion in this report addressed the fact that the graduate-respondents have certain *prima facie* credentials as experts in assessing their own subjective experiences, such as their experiences of the *est* training overall. Yet most evaluations of psychotherapy research suggest that professional or clinical assessment is an important if not essential indicator of change. While the study was not designed for independent professional judgments to validate the self-reported responses, we do have the benefit of professional opinion among the graduates who are themselves trained in expert judgment.

Among the 1,204 respondents in the survey there are some who would appear particularly qualified to render professional judgments for each of the five improvement items examined in tables I–III.

Table IV. Reports of experts on mental health and relationships

	What happened after the training?			n
	worse %	unchanged %	better %	
Relationships with family and friends				
All respondents	3	12	85	1,032
Experts <sup>1</sup>	0	12	88	26
Sexual relationships				
All respondents	7	36	57	839
Experts <sup>1</sup>	6	12	82	17
Improved mental health				
All respondents	3	14	83	995
Experts <sup>1</sup>	0	4	96	26

<sup>1</sup> The 'experts' are those respondents who answered the question and who are psychiatrists, psychoanalysts, clinical psychologists, social workers, or counsellors.

In the case of 'mental health', for example, 26 of those answering whether they experienced things getting worse, getting better, or remaining unchanged are psychiatrists, psychoanalysts, clinical psychologists, social workers, or counsellors. We might expect, therefore, that the reports of these respondents would represent more professionally-sound observations than the reports of respondents in general. The same 'expert panel' would seem especially qualified to report on changes in sexual relationships and relationships with family and friends.

Table IV compares the responses of the 'expert panel' with the total sample on each of the three items just mentioned. In each instance, the reports given by the panel closely approximate those given by respondents generally.

Whereas 'productivity' seems more amenable to empirical measurement than the quality of relationships, we shouldn't be misled into thinking that all the respondents answered this question on the basis of compiled, personal statistics. They undoubtedly reported their general feelings or impressions instead. Still, there are some respondents who should be more sensitive to the issue of productivity than others, and several such occupational groups are presented in table V. Again, we see that the 'expert panels' give responses virtually identical to those given by respondents generally.

The question of finding more meaning in life is, of course, an inherently personal and subjective matter. The meaning one person finds may be meaningless to another. Still, some respondents in the survey should be more conscious

Table V. Reports of 'experts' on productivity in job or schoolwork

	What happened after the training?			n
	worse %	unchanged %	better %	
All respondents	4	24	72	868
Experts				
Engineers	0	25	75	16
Businesspeople (owners, executives, supervisors, managers, etc.)	5	23	72	131
Sales workers	3	26	71	34
Creative artists (painters, musicians, writers, artisans, etc.)	5	25	70	43
Students	3	26	71	93

Table VI. Reports of 'experts' on finding more meaning in life

	What happened after the training?			n
	worse %	unchanged %	better %	
All respondents	3	17	80	1,053
Experts				
College teachers, clergy, psychiatrists, psychoanalysts, social workers, counsellors	0	22	78	46
Students	1	12	87	100

of the search for meaning than others. Those singled out in relation to mental health and relationships would be an example, as would college teachers and the clergy — all of whom earn their livings by guiding others in the search for meaning. Similarly, college students have a special responsibility in the search for meaning. Table VI examines the responses given by these latest 'expert panels', and again we find them closely approximating the reports of the total sample.

In review, the benefits reported by *est* graduates do not seem merely a matter of graduates' inability to make professional judgments. The professionals among them are as likely to report improvements as are the nonprofessionals.



Table VII. Testing the effect of time on the attitudes and benefits reported

'How do you feel about your experience of the training?'	Months elapsed between training and the survey				
	2-5	6-8	9-12	13-18	19-26
Percent who gave the most favorable response: 7 on a scale of 1-7	39 (307)	54 (256)	51 (287)	57 (213)	59 (123)
Percent reporting that things got 'better' in terms of					
Relationships with family and friends	86 (264)	85 (227)	84 (249)	87 (189)	88 (102)
Productivity in job or schoolwork	66 (219)	75 (190)	73 (212)	69 (157)	82 (90)
Sexual relationships	51 (211)	57 (182)	56 (211)	61 (147)	70 (87)
Finding more meaning in life	79 (270)	84 (226)	75 (251)	83 (191)	88 (115)
Improved mental health	81 (250)	86 (209)	82 (247)	82 (180)	88 (108)

### *The Test of Time*

Both the supporters and the critics of the *est* training are agreed on one thing: it is a very powerful experience. Like any powerful experience, it is probably capable of temporarily disorienting people, disrupting their abilities to observe and evaluate in a detached and objective manner. Do the benefits claimed by graduates, then, represent a powerful but temporary 'high' produced by the intensive, marathon training? Have they been temporarily disoriented and befuddled by the training?

To test the effects of time, then, we should compare the benefits claimed by recent and old-time graduates. Table VII presents the results of this latest test. On the whole, time seems to make no difference. There seems to be a pattern of greater improvement reported in sexual relationships over time, but for the most part recent and old-time graduates are more alike than different in their responses.<sup>5</sup>

<sup>5</sup> As an initial safeguard against this possibility, the study design excluded those graduates who had taken the training within the 2-month period immediately preceding the survey. All the reports presented in this paper, then, are from people who had been out of the training for at least 2 months. Most of the respondents had been out of the training longer than that — some for as long as 2 years — and the mean length of time was 11 months.

These data, then, do not support the hypothesis that the benefits claimed by graduates represent only a temporary state of excitement and enthusiasm. Since the training only began in 1971, it isn't possible to determine how enthusiastic graduates will be 10, 20, or 40 years after the training. We can only conclude that it persists for at least 2 years.

### *Summary and Conclusions*

The preceding analyses have provided an initial examination of the apparent effects of the Erhard Seminars Training (*est*), as reported by the graduates themselves. It should be repeated that the data presented represent retrospective, self-reports and not a controlled, before/after study of the effects of the training.

At the same time, some conclusions may be drawn from these data. First, it is evident that graduates are strongly favorable in their own reports of the benefits they derived from the training. They report improvements in a wide variety of life conditions. Moreover, the reports of benefits do not appear to be the product of expectations. Nor do they appear to represent unprofessional or inexperienced observations, since the 'experts' in the sample report essentially the same level of benefits. Finally, the benefits reported do not appear to be diminished by time — as measured by the comparison of old and recent graduates.

Ultimately, this report is intended as a stimulus to further research into the consequences of *est* and similar training programs. It would be appropriate, therefore, to conclude by mentioning some of the study design elements that ought to be included in such subsequent studies.

First, it seems essential that longitudinal, panel studies be conducted, collecting information from participants at several points in time. The first measurement(s) should be made prior to taking the training, and subsequent measurements should be made over time after taking the training.

Second, some provision should be made for the study of control groups. In the case of *est*, these might be drawn from among people who attend guest seminars (seminars held to inform people about the training) but do not sign up for the training. Indeed, it might be appropriate to select a sample of those attending guest seminars, and make longitudinal measurements among both those who do and those who do not take the training among the sample. Such a study design would also permit a study of self-selection into the training.

Finally, some independent measurement of 'benefits' would be useful. In the case of large-scale training programs such as *est*, it might be appropriate to accomplish this through surveys of people involved in close relationships with those taking the training: e.g., spouses, parents, children, friends. Thus, for example, when *est* graduates report that their relationships with family and

friends have been improved, it would be possible to find out if that assessment is shared by those with whom they have their relationships.

These study design suggestions notwithstanding, we trust that the analyses of the 1973 survey will have provided at least a baseline of information about the *est* experience. To invoke a traditional research conclusion, these data clearly indicate that 'further research is warranted'.

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